

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 17E473	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/11/2016	Y3
NAME OF FACILITY COFFEY COUNTY HOSPITAL LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 128 S PEARSON AVENUE WAVERLY, KS 66871		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0246	Correction	ID Prefix F0253	Correction	ID Prefix F0329	Correction
Reg. # 483.15(e)(1)	Completed	Reg. # 483.15(h)(2)	Completed	Reg. # 483.25(l)	Completed
LSC	08/11/2016	LSC	08/11/2016	LSC	08/11/2016
ID Prefix F0363	Correction	ID Prefix F0371	Correction	ID Prefix F0428	Correction
Reg. # 483.35(c)	Completed	Reg. # 483.35(i)	Completed	Reg. # 483.60(c)	Completed
LSC	08/11/2016	LSC	08/11/2016	LSC	08/11/2016
ID Prefix F0441	Correction	ID Prefix F0463	Correction	ID Prefix F0465	Correction
Reg. # 483.65	Completed	Reg. # 483.70(f)	Completed	Reg. # 483.70(h)	Completed
LSC	08/11/2016	LSC	08/11/2016	LSC	08/11/2016
ID Prefix F0469	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.70(h)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/11/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON  
7/14/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO